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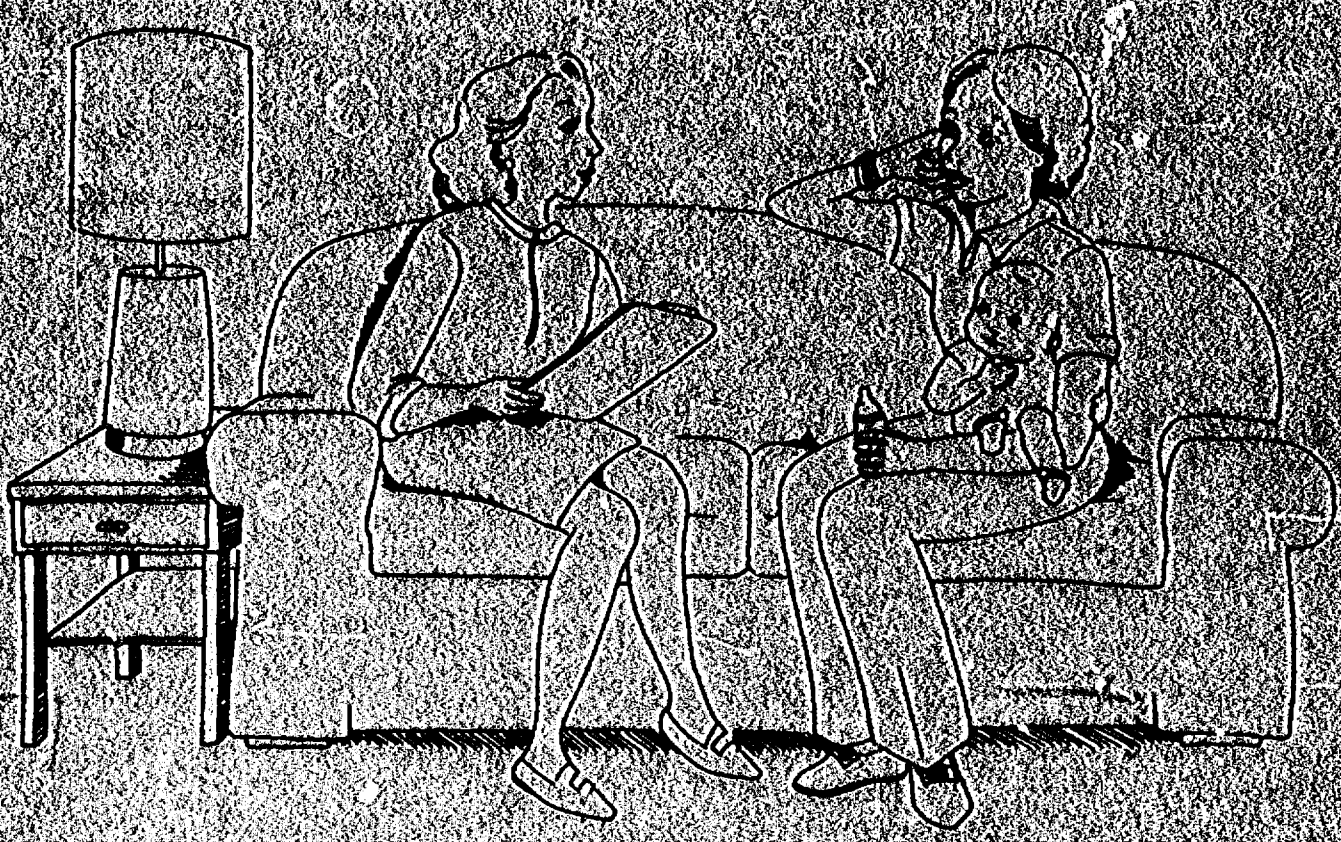
ABSTRACT

Provided in the booklet are suggestions that school districts may use to develop home instructional programs for trainable mentally retarded (TMR), hearing impaired, visually handicapped, language and speech handicapped (as a result of physical or mental handicaps), and physically or multiply handicapped children from birth to 5 years of age. Noted is legislation enacted by the Florida legislature in 1973 which specifies eligibility of the severly handicapped for home instruction. Program goals are given to include increase of parental understanding of children's needs through parent education, and the building of a more cooperative relationship within the home. A list of 17 percent guides (with annotations and prices) accompanies suggestions for the TMR program. Annotated bibliographies containing approximately 18 entries, respectively, follow discussion on program components for both the hearing impaired and the visually handicapped. Included to aid in the early childhood home education (0 to 3 years of age) of physically or mentally handicapped children with language and speech problems are approximately 18 annotated workshop program materials, books and pamphlets for parents, and counseling aids for speech pathologists and audiologists. Approximately 25 references accompany the discussion on psychological and training needs of the physically or multiply handicapped. (MC)

HOME INSTRUCTION PROGRAMS FOR EXCEPTIONAL STUDENTS AGES 0 - 5



FEBRUARY 1974

HOME INSTRUCTION

PROGRAMS

FOR

EXCEPTIONAL STUDENTS

AGES 0 - 5

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HOME INSTRUCTION PROGRAMS

FOR

EXCEPTIONAL STUDENTS

AGES 0-5

INTRODUCTION

Statute 232.01 (1) (f), enacted by the 1973 Florida Legislature, permits school districts to provide innovative instructional programs for exceptional children who are deaf, blind, physically handicapped, multihandicapped, or trainable mentally retarded. Such programs may begin at birth.

Patterns of home instruction are available for use with young exceptional children from infancy through the first three years of life. Program goals include efforts toward increased parental understanding of children's needs and building a more cooperative relationship within the home. Such training makes for optimum development of the exceptional infant and his family as well as providing service to the community through alleviating long-range economic responsibilities for care and services.

The critical need for home instruction in the care of young exceptional children is emphasized in the enclosed materials. Should you desire to institute such programs within your area, the Bureau of Education for Exceptional Students' Staff, Department of Education, will be pleased to assist you with program development and implementation.

HOME INSTRUCTION FOR THE TRAINABLE MENTALLY RETARDED CHILD

Consistent with Florida Statute 232.01 (1) (f), exceptional children under the age of five who are deaf, blind, severely physically handicapped, or trainable mentally retarded may be eligible for a home instruction program. Should these children be enrolled in other pre-school or day care programs, they may be eligible for supplemental instruction.

The training program described herein has as its target population trainable mentally retarded children during their first three years of life. Ideally, the service delivery system should include appropriate teaching and training services not only for the retarded child, but also for his family. Such services should begin at the time of diagnosis and continue throughout his life.

Because physical needs and development are of vital importance during these early years, the basic emphasis is on training in the home. Such basic child care techniques as feeding, bathing and dressing are stressed, with methods and procedures adapted to the individual maturational needs of the infant. Other areas of consideration include comprehensive auditory, motor, sensory and language stimulation.

Literature in the field provides well-documented evidence that training the young, retarded child can effect positive changes in his development and behavior which bring significant, long-range benefits for him, his family and for society.

A rationale for selecting parents as teachers of their own retarded children is found in Dorenberg (1972), who cites several factors which have led to an increasing emphasis on parent training programs. She lists the continuing and pervasive shortage of professional services for the mentally retarded, the practicality of teaching parents to be teachers of their own children, and points out that building parent competencies in caring for their young child often results in improved mental health for the parents as well as leading to more harmonious living for the entire family.

A home training program based on normal child development, realistic goals for retarded children, behavioral management techniques, and supportive counseling provides a much-needed resource system for the development of the young trainable mentally retarded child. In planning such a home instruction program, a number of factors must be considered. Among these factors are the specifics of training content, the amount of time involved in the training programs and the selection of a training setting and necessary personnel.

Since young children diagnosed as moderately or severely retarded have usually been identified at birth, a survey of local pediatricians, community health nurses, and agencies such as the Division of Retardation and the Division of Family Services will help in case selection. Such community resources as medical, nursing, and psychological services should be coordinated into a total and comprehensive health and educational package.

In most cases, a home training program is operated from the child's home by traveling program staff members. Alternatively, a classroom or clinic may provide a setting for group meetings or serve as a place in which to set up a model or imitation home setting. The purposes of the training activity, along with the availability of transportation and physical facilities, must be considered in the selection of the site for a home training program.

In the development of the instructional program, careful consideration also should be given to members of the child's family other than the mother. Since the father and siblings also directly influence the growth and development of the young retarded child, all family members should be included in the training program even though it may be assumed that one parent or family member will provide the primary training.

In addition to instructing parents in how to deal with the day-to-day needs of their retarded child, a program of home training should provide for individual counseling of family members to help them cope with the retarded child's impact upon the family structure.

As expressed by one mother of a retarded child, "The greatest single need of parents of mentally retarded children is constructive professional counseling at various stages in the child's life which will enable the parents to find the answers to their own individual problems to a reasonably satisfactory degree." (Murray, 1959)

A list of practical guides for developing home training programs are included in this booklet.

REFERENCES

Dorenberg, N.L. "Parents as Teachers of Their Own Children." in J. Wortis (ed.), Mental Retardation. New York: Grune & Stratton, 1972, pp. 33-43.

Murray, M.A. "Needs of Parents of Mentally Retarded Children." American Journal of Mental Deficiency, 1959, 63:1084.

PARENT GUIDES

Baldwin, V. L., & Fredericks, H. D. A training program for parents of retarded children. Springfield, Illinois: Charles C. Thomas, 1973. ($8.95)

Explains basic principles of behavior modification and home training activities.

Barnard, K. E., & Powell, M. L. Teaching the mentally retarded child. St. Louis: C. V. Mosby Co., 1972. ($4.50)

Directed to multi-disciplinary groups working with the retarded preschool child. Employs a framework of normal growth and development applied to the developmental problems of retarded children and to their daily care and management in a family setting.

Bricker, W. A., & Larsen, L. A. A manual for parents and teachers of severely and moderately retarded children. Volume V, No. 22. IMRID Papers and Reports. Nashville: IMRID, 1968. ($2.00)

Explains basic principles of behavior modification and home training activities.

Brown, D. L. Developmental handicaps in babies and young children: A guide for parents. Springfield, Illinois: Charles C. Thomas, 1972. ($5.75)

Provides guidelines and assistance to parents in several major chapters such as: Where do handicaps come from? Primary handicapping conditions in babies and young children.

Buckler, B. Living with a mentally retarded child. New York: Hawthorne Books, Inc., 1971. ($6.95)

Includes a section on home training which discusses guidelines for successful training.

Child Study Association of America. Family life and child development: A selective, annotated bibliography. New York: Child Study Press, 1973. ($2.85)

Includes a cumulative listing of nearly 300 books and pamphlets published during the last decade with brief critical evaluations of each listing.

Fils, D. H., & Atwell, A. A. Counseling parents of mentally retarded children and youth. Los Angeles: Division of Special Education, 1970. (No charge)

Presents a series of questions and answers relating to different topics, some of which are parents-child-family relationships, psychological and psychiatric adjustments of the retarded child and parent, improving communication and recreation.

Galloway, D., & Galloway, K. C. Parent groups with a focus on precise behavior management. Nashville: IMRID, 1970. (No charge)

Discusses the organization of parent groups to assist parents and teachers to more effectively understand and manage the retarded child's behavior.

Hunter, M., Schhucman, H., & Friedlander, G. The retarded child from birth to five. New York: John Day Company, 1972. ($10.95)

Has a section on home training which includes planning the program: sitting, standing, crawling, walking, verbal reinforcement, and operant conditioning.

Koch, R. & Dobson, J. The mentally retarded child and his family. New York: Brunner/Mazel, 1971. ($15.00)

Broad coverage in the field of mental retardation with a major section for education and training of the mentally retarded.

Patterson, G. R. & Gullion, M. E. Living with children. Champaign: Research Press, 1968. ($3.00)

A programmed text for parents concerning basic child-handling techniques. A social-learning approach is used--not necessarily related directly to MR children, but most principles applicable.

Quick, A., Little, T., & Campbell, A. A. The training of exceptional foster children and their foster parents. Memphis: Project Memphis, 1973. (No charge)

Goals of training programs are given along with examples (sample) of lesson plans in five areas: personal-social, gross motor, fine motor, language development, and perceptuo-cognitive development.

State of Pennsylvania, Department of Education. Trainable mentally retarded children: A guide for parents. Harrisburg: Author, 1970. (No charge)

A short (16 pgs.) pamphlet for parents.

State of Wisconsin, Department of Public Instruction. A training handbook for moderately retarded children in self-help skills. Madison: Publications Order Service. (No Charge)

A handbook for parents including instruction in operant conditioning as it may be used in self-help skills and speech training.

U.S. Department of Health, Education and Welfare, Office of Child Development. The mentally retarded child at home: A manual for parents. Washington D.C.: Superintendent of Documents, 1971. ($ .35)

Discusses most aspects of the retarded child at home from birth, including needs of the child, lifetime goals, and various tips towards training.

Virginia State Department of Health, Consultation and Evaluation Clinic. A helpful guide in the training of a mentally retarded child. New York: NARC, 1968.

Includes outlines for training in specific areas of discipline, dressing skills, feeding, personal hygiene, play, and toilet training.

Valett, R.E. Modifying children's behavior. Belmont, California: Fearon Publishers, 1969.

A programmed instruction booklet on modifying children's behavior (not necessarily retarded). Includes programs for establishing behavioral objectives, teaching and reinforcing desirable behavior, and managing behavior problems.

HOME INSTRUCTION FOR THE HEARING IMPAIRED CHILD

I. Rationale

The sense of hearing is one of the primary means by which man learns to communicate; therefore the hearing impaired child's major handicap prevents his normal acquisition of language and oral communication. The critical period for learning to listen and learning to talk is during the first three years of life. During this critical period the auditory organization and intersensory patterning necessary for normal speech are developed. "The human infant's auditory input is not subject to spatial limitations. He is capable of continually processing his auditory environment irrespective of his spatial orientation to the source of sound." (Horton, 1973) If vision is the primary linguistic input, the amount of aural language input to which the child has access is significantly reduced.

The prelingual hearing impaired child lacks auditory feedback from his vocalizations and is therefore deprived of auditory input from his environment. It is imperative to compensate for these deficiencies through early, consistent and persistent amplification and auditory training. Parents need readily available counsel, guidance and instruction if they are to provide this training and to create an environment in which a hearing impaired child can develop listening and communication skills.

II. Definition

Home instruction may take place in the child's own home or in a simulated home. The instruction utilizes the infant's daily living activities to develop listening skills, natural language, and the ability to communicate.

III. Content of Instruction

Parents are the hearing impaired infant's first teachers. For this reason, the focus of home instruction is on parent guidance and parent education. In a home instruction program, the parents become the pupils and the primary goal is to develop an emotionally stable, confident and competent family which can provide a stimulating learning environment for the hearing impaired infant. Each family is entitled to an individually prescribed aural and oral program appropriate to its individual needs.

The secondary goal of a home instruction program is to provide a foundation of learning experiences for the hearing impaired child's future educational program. With early identification and instruction in the development of listening and communication skills, severely hearing impaired children can be mainstreamed (fused into classes for hearing children) at an earlier age. Studies by the Lexington School for the Deaf indicate that if a severely hearing impaired child is mainstreamed by the fourth grade, the total cost of his education will be reduced by $28,000.

Although it is clearly recognized that all hearing impaired children will not achieve early mainstreaming, opportunities for home instruction for parents and their infants should be available. The deaf child who requires a self-contained, special education program should be the exception rather than the rule.

REFERENCES

Horton, Kathryn B. "Every child should be given a chance to benefit from acoustic input," The Volta Review, September, 1973, p. 348.

BIBLIOGRAPHY

Alexander G. Bell Association for the Deaf. Hearing alert. Washington, D.C.: A.G. Bell Association for the Deaf. (No charge)

A small group of leaflets relating to the hearing impaired child, devised for general public information; helpful to very beginning parents.

Auerbach, A. B. Parents learning through discussion: Principles and practices of parent group education. New York: John Wiley and Sons, Inc. 1968. ($8.50)

A good basic resource for teachers given the responsibility of organizing and leading a parent program. Practical how and why ideas along with general perspective for work with parents.

Baltzer, S., & Calvert, D. R. "Home management in a comprehensive program for hearing impaired children." Exceptional Child, Volume 34, December, 1967.

Very helpful information for teachers preparing for a home program as suggested in Curriculum, Level I. Discusses home visits too.

Beadle, M. A child's mind. Garden City, N.Y.: Doubleday and Co. 1970. ($6.50)

The author is a well-educated curious parent who delved into the research literature of child growth and development and creatively reported the information in this pleasant-to-read book. It is well-illustrated and an excellent resource for those not wishing to seek this material personally.

Burnett, D. K. Your preschool child: Making the most of the years from 2-7. Chicago: Holt, Rinehart and Winston. 1961.

Specific and practical ideas with common sense comments from a parent. Covers seasons, parties, toys, foods, travel, sick children and bibliographies. Lots for parents and teachers.

d'Elia, T. Listening in the home. Ridgewood, N. J.: Mrs. Toshido d'Elia. 1970.

For parents of young hearing impaired children. Contains suggested language to accompany sounds within the child's environment. Use selectively.

Denner, P. Language through play. Washington, D.C.: A.G. Bell Association for the Deaf, Inc. 1969. ($5.45)

A systematic word approach to language learning for pre-school children. Tear-out sheets of pictures and activities may be duplicated. Suggestions for games included. Use selectively.

French, S. "To parents of young deaf children: Some suggestions for child management." Volta Review. April,1968. p. 253 (Volta Reprint No. 907.) (50¢)

A well-written, practical article about meeting the psychological, intellectual and physical needs of hearing impaired children. Excellent for beginning parents.

Gordon, I. Baby learning through baby play: A parent's guide for the first two years. New York: St. Martin's Press. 1970. ($3.95)

A charmingly illustrated, easy-to-read book of learning activities for very young children, full of excellent ideas with specific directions. It is an invaluable resource for parent and teacher for the years before nursery school. Its main topics include Games for the Early Months, Games for the Sitting and "Lap" Baby, Games for the Creeper-Crawler, Activities for the Stander and Toddler, Activities for the Older Toddler. In the sense of "curriculum" as defined in this Guide, it is a curriculum guide.

Haeusserman, E. Developmental potential of pre-school children. New York: Grune and Stratton, Inc. 1958. ($9.75)

An educational evaluation with sequential developmental expectations. Also interviewing techniques for teachers to use with parents.

Harford, E. How they hear. Northbrook, Ill.: Gordon N. Stowe & Associates.

This 33 1/3 rpm recording is an excellent resource for an explanation of normal hearing. It provides valuable information for parents of a hearing impaired child since it also, using speech and music, demonstrates the distorted sound patterns which result from altering the frequency input. Samples of varying degrees of hearing impairment conclude the recording. Good for beginning parents.

Ling, A. "Advice for parents of young deaf children." Volta Review, May 1968. p. 316 (Volta Reprint) (50¢)

With the subtitle of How to Begin this article includes information on hearing aid use and listening training, developing understanding of spoken language, the deaf child and his family and concludes with a plea for parents to persist in finding answers to their questions. Very good for beginning parents.

Lowell, E. L. Getting your baby ready to talk. Los Angeles, Calif: John Tracy Clinic Home Study Program. 1968. ($9.00)

An excellent source of information about early language development, designed for babies that have a greater than usual chance of experiencing difficulty in language acquisition. It is a Home Study Plan consisting of 12 "lessons" aimed to cover ages 6 to 18 months. Each is organized

under the headings: (1) How Babies Grow, (2) Language Building Activities (Everyday, Play, Games) and (3) Publications and Materials. Despite being somewhat too vocabulary and unit oriented for this level, the book contains a wealth of well-organized and concisely written information.

Lowell, E. L., & Stoner, M. Play it by ear. Los Angeles, Calif: John Tracy Clinic. 1960. ($4.00)

An attractive book of specific games for training residual hearing. Use selectively.

Reed, M. M. Education of young hearing impaired children. International Conference on Oral Education of the Deaf. Washington, D. C.: Volta Bureau. Volume II, p. 1874. 1967.

Expressive and receptive language growth depends upon the principle, "Never miss an opportunity to talk in every meaningful situation so that the baby may hear and see what is said." Parents or parent substitutes may need assistance for fulfilling this principle - the basic premise of this article.

Schontz, F. C. "Reactions to crisis." Volta Review, May, p. 364. 1965.

Imperative resource for teachers who are working with parents. This article delves into the various reactions experienced by parents upon receiving the news that their child is hearing impaired. A chart analyzes the phases of acceptance beginning with shock and concluding with adaptation or change.

Todd, V. E. & Heffernan, H. The years before school: Guiding pre-school children. New York: MacMillan Co. 1964.

Excellent comprehensive book. Includes details of rationale for and organization of the pre-school program and a curriculum section divided by subject area - science, exploring time, space and numbers, arts and crafts, etc. Also includes a section on parent education. A basic teacher reference.

Tracy, Mrs. Spencer, & Thielman, V. B. John Tracy Clinic correspondence course for parents of pre-school deaf children. Los Angeles: John Tracy Clinic. 1968. ($9.00)

A series of 12 lessons planned for parents to use at home with hearing impaired children under age five. Each lesson has three sections - Information, Activities, Bibliography. Contains much good information, simply written and attractively illustrated.

HOME INSTRUCTION FOR THE VISUALLY HANDICAPPED CHILD

"If intellect is 80% formed between birth and age 3, the visually handicapped child will need the most assistance during the early years to develop intellectual abilities which lead to a satisfying life." (Hammer, 1971)

Early childhood training from birth to age three is unique in that it is the beginning of the parent-home-child relationship. If this relationship is built on mutual trust and understanding and parents become actively involved in the educational process, many of the problems of the visually handicapped commonly found later in life can be avoided.

The critical nature of early childhood education is well-supported in the literature in child psychology, learning theory, pediatric medicine, educational research and other professional disciplines. A pertinent observation is that of Becker (1971), who states that "parents are the most effective teachers in a child's life".

The progress of the visually handicapped child is dependent in no small measure upon the degree of adult-child interaction. The services of a trained parent can greatly enhance the effectiveness of a professional teacher.

Some parents can also serve as aides to nurses, social workers and psychologists, although the needs and talents of each parent must be studied carefully since not all parents can fill these roles. In addition to the necessary personal qualities, they must also have special training by professionals. Simple tasks may serve as a beginning, increasing the scope and complexity of responsibilities as the parents become more proficient helpers.

A home training program is operated from the child's home by a traveling staff member. This staff member provides sample home care devices, instruction in feeding, toilet training and mobility.

As soon as possible, the child enters the special learning environment created for young pre-school handicapped children. With a maximum of parent participation, the length of time spent in the classroom is increased.

REFERENCES

Becker, N. C. Parents are teachers in child management programs. Champaign, Illinois: Research Press, 1971.

Hammer, E. K. Review of the literature in early childhood education with emphasis upon early education of handicapped children: A Staff Trained Manual Distinguished Staff Training. Monograph Series, 1971.

BIBLIOGRAPHY

AAID National Conference. Preschool services for visually handicapped children and their families. St. Louis, Missouri, 1975. (No charge)

Elizabeth Maloney presented this paper at the American Association of Instructors of the Blind National Conference. Physicians, social workers, educators and representatives of community services participated in the conference held in St. Louis, Missouri, March 28-30, 1965.

American Foundation for the Blind. Is your child blind. New York, 1971. (No charge)

An excellent eight-page booklet discussing home training which includes clothing, feeding, walking and playing with the blind child.

Bryon, D. Guide for parents of pre-school visually handicapped children. Springfield, Illinois: Department of Special Education, 1969. (25¢)

A 65-page booklet which discusses home training such as eating habits, sitting and crawling, walking and toilet training. Broad coverage as to resources for help and guidance.

Educational Innovations, Inc. Teacher's guide for developing better self awareness. Carrollton, Illinois, 1972.

An accompanying kit which is planned for developing better self awareness. A social-learning approach - not necessarily related directly to blind children, but most principles applicable.

Gordon, I. J. Baby learning through baby play. New York: St. Martin's Press, 1970.

A parent's guide for the first two years (not necessarily blind) including games and activities that lean toward self-esteem, security and intellectual growth.

Halliday, C. The visually impaired child: Growth, learning, development - infancy to school age.

Broad coverage in the field of the visually handicapped.

Lighthouse: The New York Association for the Blind. Understanding your blind child. New York, 1969.

This book is designed to help parents of very young blind children. It focuses on the everyday family situation which involves all family members.

Lowenfeld, B. The blind pre-school child. New York: American Foundation for the Blind, ($2.00).

Suggestions for home training of the young blind child. Very general.

Lowenfeld, B. Our blind children. Illinois, 1970. ($5.30)

A doctor discusses the pre-school child's learning process (and how parents can help). This booklet is available only through professional sources.

McGuire, M. A. A guide for parents of a pre-school blind child. New York: State Department of Social Welfare. (1968 Commission for the Blind)

An excellent book for parent use in basic concepts with many illustrations. It points out valuable skills to be developed that are essential for independence.

Michigan School for the Blind. Suggestions for ealing with the roblems of the isually andicapped re-school hild. Lansing, 1970. (No charge)

Consists of Do's and Don't's in working with the young blind child. You will find many helpful suggestions on eating, dressing, toilet training, walking and a list of helpful experiences.

Moor, P. M. A blind child, too can go to nursery school. New York: American Foundation for the Blind, 1962. (No charge)

This book explains to parents how to prepare the blind child to be ready for nursery school. Many good suggestions.

Ohio Department of Education. Guiding the development of the young visually handicapped a selected list of activities. Columbus, 1969. (No charge)

This booklet consists of outlines for activities in specific areas: locomotion, language, toilet training and dressing. Also suggests toys and equipment.

Spencer, M. B. Blind children in family and community. Minneapolis: University of Minnesota Press, 1970.

Illustrations of blind children of pre-school ages in various situations and activities that are common to all youngsters. For each illustration the accompanying text explains how to relate basic principles of child development and guidance to blind children in such situations.

U. S. Department of Health, Education and Welfare, Office of Child Development. The Pre-school child who is blind. Washington, D.C.: Superintendent of Documents, 1968. (No charge)

A 23-page booklet discussing the needs of a blind child. Very basic and specific.

EARLY CHILDHOOD EDUCATION:

LANGUAGE AND SPEECH HOME INSTRUCTION FOR CHILDREN WITH PHYSICAL OR MENTAL HANDICAPS, 0-3 YEARS

Regardless of whether the exceptional preschool child has a physical or mental handicap, the acquisition of language and speech to the maximum level of his chronological and mental ages is paramount. Knowledgeable assistance provided to parents on ways they can help their child use his language-learning years is a major portion of all early education for the handicapped.

The language and speech component of the early childhood program for children with physical or mental handicaps has this goal:

> Each child shall have an opportunity to develop meaningful and self-satisfying communication commensurate with his mental, physical and chronological ages. Each member of the child's family shall have the opportunity to learn and perform ways which positively reinforce this young handicapped child in his acquisition of language and speech.

A cursory description of the support to the child's family and therapy with the young child provided by the speech pathologist is:

(1) Assist the family in developing communication systems with the child. This emphasizes the verbal and non-verbal language, speech, rhythm, volume and quality of the speaker's communication with the child and the psychological atmosphere in which communication takes place;

(2) Assist the family toward developing emotional stability, resourcefulness, and realistic assessment of the child's abilities;

(3) Assist in parent counseling and guidance sessions which consider the following aspects of the child's behavior:

-growth in receptive and expressive language
-social interaction
-sibling interaction
-mobility
-discipline

(4) Assist in acquiring updated medical, developmental, educational and psychological evaluations of the child; and,

(5) Assist nursery teachers in their acquisition of techniques, skills and attitudes to employ with handicapped preschoolers with a detailed emphasis on language development.

RESOURCE INFORMATION FOR EARLY CHILDHOOD EDUCATION: LANGUAGE AND SPEECH
(Information developed by the Prevention Committee, Maryland Speech and Hearing Association and provided by the American Speech and Hearing Assoc.)

I. WORKSHOP PROGRAM MATERIAL

"Teach Your Child To Talk" (1970)
CEBCO/Standard Publishing; Dept. B-1
104 Fifth Avenue
New York, NY 10011

This is a series of parent workshops which may be sponsored by day care centers, speech pathologists, parent groups or others. The program uses audio tapes, color slides, parent books and a 16-minute movie. The program deals with normal speech and language development, and suggests specific activities which parents may use to help children in the learning process.

*Complete Workshop Kit (includes slides, cassette recordings, color film, Workshop Outline and Guide; also includes 15 each of Parent Handbooks and Booklets)	$275.00
Additional Parent Handbooks	1.50 ea
Additional Parent Booklets	.25 ea
Additional Workshop Outline and Guides	1.95 ea

II. BOOKS AND PAMPHLETS FOR PARENTS

A. Normal Speech and Language Development

"Learning To Talk" (1969) (47 pp.)
Superintendent of Documents
U.S. Government Printing Office
Washington, D.C. 20402 Price $.45

This booklet was prepared by the Information Office of the National Institute of Neurological Diseases and Stroke (NINDS-NIH). It includes information on normal language development, detection of communication disorders in young children and sources of help and further information.

"Please Listen To Me" (1972)
Maryland State Department of Education
Division of Instruction Free

A fold-out pamphlet incorporating a checklist for normal speech, hearing and language development.

*Available for loan from Florida Learning Resources System, Bureau of Education for Exceptional Students, Department of Education, 319 Knott, Tallahassee, FL 32304.

"Play and Learn at Home"
Prince George's County
Maryland Public Schools
Operation MOVING AHEAD Program

A compilation of activity sheets giving ideas and actual activities parents may use to stimulate sensory-motor and language development.

Bryant, John E., "Helping Your Child Speak Correctly" (1970) (20 pp.)
Public Affairs Pamphlet #445
381 Park Avenue, South
New York, NY 10016 Price $.25

Gives suggestions for parents for helping children develop vocabulary and speech sounds.

Van Riper, Charles, Teaching Your Child To Talk
New York: Harper and Row, 1950 Price $4.50

Book explaining normal language development, with suggestions for parents.

B. Early Identification: Children With Special Problems

"Learning Disabilities Due To Minimal Brain Dysfunction" (1971) (22 pp.)
Superintendent of Documents
U.S. Government Printing Office
Washington, D. C. 20402 Price $.20

Includes information on identification, research needs and parent resource helps for children with learning disabilities.

Lehman, Jean U., "Do's and Don't's for Parents of PreSchool Deaf and Hard of Hearing Children"
National Society for Crippled Children and Adults
2023 W. Ogden Avenue
Chicago, Illinois 60612

General and specific guidelines are given for parents of hearing impaired children.

Miller, Elvena, "Is Your Child Beginning to Stutter" (1960)
Interstate Publishers and Printers
Danville, Illinois Price $1.00

Describes problem and offers suggestions for parents and teachers of non-fluent children.

Van Riper, Charles, Your Child's Speech Problems
New York: Harper and Row, 1961 Price $4.50

This book describes various types of speech problems and suggested techniques for help.

"The Child Who Is Hard of Hearing Price $.10
(Children's Bureau Folder #36)

"The Child With A Speech Problem Price $.15
(Children's Bureau Folder #52)

"The Child With A Cleft Palate" Price $.10
(Children's Bureau Folder #37)

Pamphlets of various communication disorders. Order from:

Superintendent of Documents
U.S. Government Printing Office
Washington, D. C. 20402

III. COUNSELING AIDS FOR SPEECH PATHOLOGISTS AND AUDIOLOGISTS

Any or all of the resource materials listed in Sections I and II may be used by professionals in counseling parents. In addition, the professional might want to use some scaling-type assessment instruments to give parents specific information about the language development of individual children.

Anderson, Ruth, et al, "Communication Evaluation Chart From Infancy to Five years" (4 pp.)
Cambridge, Massachusetts
Educators Publishing Service, 1963 Price $.25

A checklist for quick appraisal of verbal and sensory motor development. Items represent a compilation of tasks and levels from various sources, such as Gesell, Binet, Cattell and others.

Mecham, Merlin J., "Verbal Language Development Scale"
American Guidance Service, 1959
Circle Pines, Minnesota Price $.25

Interview-based appraisal scale to determine child's ability to perform age-related language skills.

HOME INSTRUCTION FOR THE PHYSICALLY OR MULTIPLY HANDICAPPED

Recent reviews of research in developmental psychology note many investigations into the relationships between parental behaviors and attitudes and child personality and behaviors. These research findings consistently show that the child's experiences in the home have a direct effect on his personality development. There is also mounting evidence of the pervasive and dramatic effects of early experience on later development. Thompson (1959) points out that "the living organism is a dynamic and developing system, variable in its functioning according to inherent genetic characteristics which interact with selected environmental antecedents. We now know that alteration in one part of this system can have widespread and enduring consequences." Studies of children's diseases and their subsequent effects support this generalization.

One avenue of investigation has been to relate psychosomatic disorders (psychopathophysiological reactions) to psychological traumas which originate in the very early life of the individual. Mohr and others (1959) studied a group of psychosomatically ill children and found them to be victim of inadequate mothering during the first year of life. Although early adaptation is an adjustment of the various body organs to extrauterine function, later maladaptation may develop when emotional difficulties are experienced as physical and physiological traumas as patterns of response are being initiated during the first few months of life. During this period, any noxious stimulus (physical or psychological) tends to produce a generalized response.

A 1950 study of factors influencing the adjustment of organically handicapped children found parental attitude to be the most prominent single factor in determining whether anxiety would become an important element. It was found that the amount of anxiety and the manner in which it found expression bore no predictable relationship to the specific handicap. There was no predictable relationship between the severity of the handicap and such parental attitudes as over-protection or under-protection. The amount of parental anxiety and the manner in which it found expression seemed to be related more to the parents' own particular emotional needs and basic attitudes toward the child than to the real nature of the handicap.

Tuttman (1955), in an investigation of the influence of the severity of disability and parental authoritarianism in the child's acceptance of disability, found that children of authoritarian parents have more difficulty in accepting disability than do children of less authoritarian parents.

Parsons (1952) emphasized that the concept of illness as applied to the sick adult cannot be applied to the sick child. The immature child cannot be expected to assume the same roles and levels of responsibility as can the adult. For example, the child cannot be held responsible for getting out of his condition by an act of will. He is not held responsible

in usual dealings with others, and therefore, is not responsible for the recognition of his own condition, its disabilities, and his need for help. This means that parents play an especially important role in the child's illness.

The literature on the psychological effects of acute illness among children is not extensive. Some of the psychological effects are not specific to illness. Like any stress, illness may accentuate an existing problem or awaken a problem which previously lay dormant. Prugh (1953), for example, found that a child's reaction to illness was appropriate for age level rather than stemming specifically from illness itself. In this respect, anxiety was exaggerated by fantasies and fear of overwhelming attack on the part of the pre-school child, but not on the part of the older child.

Many authors have observed that physical illness in a child, no matter how trivial it seems, has its own unique meaning to the child and to his parents. When a child becomes ill, many things happen to him which are strange, new, and poorly understood. He does not feel well, understands little of why he has become sick, is irritable, and may want to be left alone. His own anxiety is often intensified by that of his parents, who may feel guilty and anxious about their own part in the production of the illness or their failure to prevent it. Many obervers feel that parents are the most significant source of anxiety in children.

Although the meaning of a specific illness to a particular child depends upon a large number of factors in his past experience as well as on the attitudes of his parents, there are certain reactions to most sick children. Prominent among these reactions are guilt, fear, and the belief that illness is a punishment. In one study,by Langford (1945), ninety percent of a group of hospitalized children stated that they became sick because they were "bad." Eighteen out of a group of twenty-one diabetic children said they were ill because they "ran too much." In another group of children with rheumatic heart disease, almost all thought that their illness was in some way caused by disobedience of parental commands. When these same children were placed outside their homes for treatment, some felt that they were being sent away because they were bad. In terms of acute illness in a child, there are several child and parent reactions which are common enough to both to be placed in the following six groups:

First is a change in emotional climate of the home -- increased attention and indulgence, along with overconcern, where formerly coercion may have been the rule. The experience of being nursed may have negative psychological implications which impair the developing processes of self-determination, independence, and privacy. This infringement may be difficult for the child to tolerate. Another implication is the restriction of bodily movement which inhibits the child's usual motor activity and leads to his being irritable and restless. Finally, the threat of operations stimulates fears for bodily integrity along with fantasies of mutilation.

The second group of common reactions are termed regressive phenomena. It has frequently been observed that with almost any illness there occurs some degree of regression to an earlier level of emotional and social

functioning. Such regression in the child takes place as an adaptive device which mobilizes defenses against anxiety. The degree of regression depends upon the severity of the emotional disturbance and the length of the illness. With more prolonged and traumatic illnesses, there are more severe regressions to infantile preoccupations with purely physical functions such as food intake and excretion as well as an increased need for demonstrations of affection. The younger the child at the time of illness, the more quickly the regression occurs. In general, the most recently acquired behavior habits and social techniques are first to go.

Persistent dependency reactions form the third group. Some children try to perpetuate those infantile relationships to their environments which have given them an enjoyable security and satisfaction during illness. These secondary gains of illness are reluctantly given up, even though there were no particular symptoms of maladjustment prior to illness. The most persistent of these dependency states are those in which there is intense anxiety on the part of the parents because of illness in the child.

The forth of the common reactions is rebelliousness. Some children react by developing resentment and rebellion. They blame others for their illness and incapacitation. This reaction is probably related to anxiety over illness as a punishment which, as a compensatory mechanism, serves to deny the presence of fears.

Chronic invalid reactions make up the fifth group. These reactions result from parental overconcern and continue long after there is any need for real concern about the effects of illness. There is continued preoccupation with bodily functioning on the part of the child.

Finally, there are the constructive reactions to illness. Some children respond to difficult situations in a constructive manner, with illness causing a minimum of emotional disturbance. If it is handled well and the child is basically healthy and emotionally stable, illness may prove to be a constructive growth experience.

Psychological reactions to illness also extend to the sequelae of illness; the reduced or limited function and disability. In addition to an awareness of his limitations gained within the family circle, the attitudes of his peers may bring the child to realize that he is limited in his ability to compete with others of his age group. Such feedback has a profound effect on his social adjustment, his sense of personal adequacy, and may likely inhibit his development of drives and motivation. Sontag (1950) has described environmental settings into which the child may be thrust as both unyielding and unresponsive to individual differences and limitations. The peer group may be cruel and thoughtless in its treatment of physical defects and deficiencies observed in its fellows. "Fatty", "Skinny", or "Shorty", nicknames which imply physical differences, indicate the readiness with which children call attention to the physical differences and deformities of their playmates. This emphasis on lack of physical attractiveness or physical deformity comes at a critical period in the life of the young child who is striving toward personality delineation and

emotional adjustment.

The child's physical state helps to shape his environment, which in turn affects his emotional life. His energy level is an important determiner of his responses to environmental pressures, causing these responses to be resistive or passive. The adaptation of a child to his handicap differs from that of an adult. Whereas the adult makes use of many past experiences in which he succeeded in solving problems, the child's experience is limited and he must learn from experimentation.

These psychological phenomena continue to exert their influences when disease becomes long-term and/or chronic. The continued stress necessitates adaptive actions on the part of the family as well as the individual. In general, these adaptive maneuvers are not new, but derive from the existing patterns established in the earlier phases of the illness.

It therefore becomes obvious that home training or early childhood programs can play an important part in building a successful and useful life for physically or multiply handicapped individuals.

Home instruction may take place in the child's own home or in a simulated home environment. However, parent involvement is an essential part of the program for the physically or multiply handicapped. Besides activities in motor and perceptual development, self-care skills, language and speech training, and socialization and adjustment, provision of ancillary services by social workers, speech therapists, physical and occupational therapists, and a family counseling staff should be integral parts of such a program. In keeping with the trend to extend rehabilitation services to include a much broader range of handicapping conditions and ages, some rehabilitation centers in the United States now provide early education services to very young children.

Because the educational process for these students is so complex, valuable time is apt to be wasted on unnecessary courses and unproductive procedures. During the early years of life it may be impossible to determine precisely the extent to which a child will be able to overcome his handicap. Nevertheless, it is important to prepare each individual for the fullest life possible. Careful appraisal of potential is extremely important. The curriculum content and educational experiences should be planned on the basis of extensive and continuous evaluation of each student. The educational program should emphasize the enrichment of experience to compensate for limited environment. Provisions should be made for extensive involvement with and utilization of school and community facilities, physical and recreational activities, and opportunities for initiative. Such enrichment is difficult to provide for children who need a great deal of assistance to take a nature walk, visit a fire department, or browse through a library. However, with the cooperation of teachers, therapists, parents, and volunteer workers, these activities can be included in the educational programs of children with physical or multiple handicaps.

As a result of early training, many physically handicapped children

may be able to enter the mainstream of education while those in a program for the physically or multiply handicapped will have a better chance of leading happy, productive lives.

(Authorities referred to in the preceeding text may be found in the two volumes listed below.)

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